



BERMUDA BAR ASSOCIATION

CONTINUING LEGAL EDUCATION COURSE APPROVAL FORM

1. APPLICANT

NAME: _____

FIRM/COMPANY: _____

PHONE: _____ FAX: _____ EMAIL: _____

2. COURSE INFORMATION

TITLE: _____

OFFERED BY: _____

DATE(S): _____

LOCATION: _____

NOTE: The course brochure and/or detailed agenda **must** accompany this form. Please indicate sessions attended on the agenda.

FOR OFFICE USE ONLY

3. APPROVAL

_____ APPROVED FOR CREDIT OF _____ HOURS

_____ NOT APPROVED FOR CREDIT

COMMENTS: _____

To be completed by Barristers & Attorneys seeking credit for continuing legal education courses other than those offered by the Bermuda Bar Association.

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